



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

FILED (CFA-4)
Summary Sheet

2007 JA

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☐ No

CLERK, HAMILTON COUNTY COURTS

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name
The Committee to Elect Ben Sota Fall Creek Township Trustee

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number
(317) 598-1295

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address
9825 Gulfstream Court

5. City, State, ZIP Code
Fishers IN 46037

6. Party Affiliation (if applicable)
Rep

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (Include any nicknames)
Benjamin Adam Sota

8. Party Affiliation or if Independent Candidate
Rep

9. Office Sought (Include district number, if any. Not required for exploratory committee.)
Fall Creek Township Trustee

10. County of Residence
Hamilton

TYPE OF REPORT

11. Check one:
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other
☒ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days attend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:
☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:
From: 4-8-06 Through: 12-31-06

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

0.00

14. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

100.00 100.00

15b. Unitemized

7.53 7.53

15c. Add lines 15a and 15b in both columns

SUBTOTAL

107.53 107.53

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

107.53 107.53

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

100.00 100.00

17b. Unitemized

7.53 7.53

17c. Add lines 17a and 17b in both columns

SUBTOTAL

107.53 107.53

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

0.00 0.00

19. Debts OWED BY the committee (use Schedule D)

0.00

20. Debts OWED TO the committee (use Schedule E)

0.00

CERTIFICATION

Signature on File

FOR OFFICE USE ONLY

2007 JA 17 AM 9:24

FILED

This is a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)


**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

 State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-3)
CONTRIBUTIONS BY
LABOR ORGANIZATIONS**
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totalled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page _____ of _____

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. International Association of Fire Fighters,	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	100.00	100.00	05/01/2006
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		